

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023883

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 5461

Registrar's No. 1049

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 3 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

TAYLOR TWP

Length of stay in 1b

3 WKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WEBSTER

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

STRAFFORD R3

d. STREET ADDRESS

4 MI N.E.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

DORA

Middle

MAY

Last

BRADFORD

4. DATE OF DEATH

Month

JUNE 22

Day

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-24-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

ADAM LONGAKER

13b. MOTHER'S MAIDEN NAME

MINNIE DAVIS

14. NAME OF HUSBAND OR WIFE

DAVID BRADFORD SPRINGFIELD R3

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for two or more causes)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of right transverse colon & sigmoid colon 1 1/2 yrs

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. '62 to June '63 and last saw her alive on June 4, 1963. Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Gene W. Fairbanks, Jr. (Signature or title)

22b. ADDRESS

1636 S. Jefferson St. Springfield, Mo. 6-26-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

6-22-1963

23c. NAME OF CEMETERY OR CREMATORY

EAST SLOPE

23d. LOCATION (City, town, or county)

RIVERSIDE

MO

24. FUNERAL DIRECTOR

BARBER-EDWARDS MARSHFIELD

ADDRESS

25. DATE REC'D. BY LOCAL REG.

7-1-63

26. REGISTRAR'S SIGNATURE

Effie S. Meaton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

01-03-03-03

Permit
6-33-63

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Note:
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed George Staff

Signature of Student Embalmer

Licensed Embalmer No. 3101

P.O. Address Mr. J. J. J. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.